

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 4

2. STATE:

South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.361

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 888

b. FFY 2002 \$ 1,160

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Pages 2b & 2c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Pages 2b & 2c

10. SUBJECT OF AMENDMENT:

The current PEP rate setting methodology has been updated to reflect that the base year 1998
fee-for-service data has been trended to the current payment period.

GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

William A. Prince

14. TITLE:

Director

15. DATE SUBMITTED:

March 22, 2001

16. RETURN TO:

SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 30, 2001

18. DATE APPROVED:

June 27, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Raymond A. Granger

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

exceed the charges made by providers for office visits, prenatal and postpartum visits, and Early and Periodic Screening, Diagnosis and Treatment exams. The **Primary Care Access Incentive Payment** may vary from year to year when added to paid claims, but will not exceed 100% of charges. The primary care physicians targeted for these payments include the following: family physicians, general practitioners, gynecologists, internists, obstetricians, osteopaths, and pediatricians. Physicians currently practicing at a Federally Qualified Health Center or Rural Health Clinic have been excluded from these incentive payments.

For each recipient served, the primary care physicians will receive a **Primary Care Access Incentive Payment** based on the following schedule:

Payment per Recipient	Number of Recipients Served
\$3.00	75 - 374
5.00	375 - 749
7.00	750 - 1,124
8.00	1,125 or more

In order to reimburse the Primary Care Access Incentive Payment, the SCDHHS will establish a pool of funds and may pay from \$0 up to \$1,000,000 in any given state fiscal year.

SC: MA 01-004
EFFECTIVE DATE: 01/01/01
RO APPROVAL: JUN 27 2001
SUPERSEDES: MA 01-001